I. Project Title and Project Purpose Statement

California American Indians experience crowded housing conditions, low-income levels, and frequent exposure to environmental tobacco and wood-burning stove emissions leading to the prevalence of asthma.[1] The proposed project, titled **Breathe Safely**, will address asthma triggers for American Indian and Alaska Natives (AIAN), children in Head Start (HS), and Child Care Development Fund (CCDF), Centers in both rural and urban California. Collaborative problem-solving among existing and new stakeholders will help strengthen the proposed goals and objectives of this project. The overall goal of this project is to: *Ensure the health and well-being of children and staff in the Head Start (HS) and child care center programs through comprehensive policies, procedures, and education related to the Clean Air Act, the Toxic Substances Control Act, and Federal Insecticide, Fungicide, and Rodenticide Act in 10-15 classrooms over 2 years to reduce asthma triggers present in Head Start/child care sites, with the ultimate goal of reducing asthma-related absenteeism and hospitalizations among American Indian youth and families.* The objectives for year one and two include*: Improve indoor air quality (IAQ) and provide an asthma-friendly environment for children and staff in 8 classrooms in Head Start (HS) and child care centers (CCC) in year 1 and 5-7 classrooms in HS and CCC in year 2, Educate HS and Child Care Center parents and Policy Councils (HS staff, parents, Public Health Nurse, Nutritionist, and Medical Doctor) to adopt and implement policies to improve IAQ and create asthma-friendly child care environments, Create and disseminate Asthma Education and Awareness throughout California Tribal communities with AIAN-specific Media Champaign, and Identify HS/CCC students that have already been diagnosed with asthma, as well as those that may diagnosed during the two year grant period, and track their attendance, hospitalizations, and incidences of asthma attacks and treatments at school and home.* This project will address the Clean Air Act by conducting research and surveys to assess in-door air quality in Head Start class rooms. This project will also decrease and control indoor asthma triggers. This project aims to reduce toxic substances and harmful pesticides that Head Start students are exposed to, thus addressing Toxic Substance Control Act and Federal Insecticide, Fungicide, and Rodenticide Act.

The project would be administered by the California Rural Indian Health Board, Inc., (CRIHB), in the department of Family and Community Health Services (FCHS), who currently work with the Head Start and Child Care Development Fund sites. The locations of the HS & CCDF cities, counties, and zip codes include Crescent City in Del Norte county, (95531), Point Arena in Mendocino county (95468), Santa Rosa in Sonoma county (95403), Porterville in Tulare County, (93258), and Fort Bidwell in Modoc county (96112), all located in the state of California. The related environmental statute(s) from the list in Section I.C., that this proposal will address are: Clean Air Act, Section 103 (b)(3), Toxic Substance Control Act Section 10(a), Federal Insecticide Fungicide and Rodenticide Act Section 20(a). The partners that will be available to provide input and assist with the goals and objectives of this program include: California Breathing, California Department of Public Health/Asthma Program located in Richmond CA; St. Joseph Health Hospital in Santa Rosa, CA; Del Norte Child Care Council located in Crescent City, CA. In addition, we have included an MOA between two Child Care Centers, Tule River and Fort Bidwell (Garrow, R., Chichlowska, K. 2010).

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[1] Lewis, T, Stout, J, Martinez, P, Morray, B. Prevalence of Asthma and Chronic Respiratory Symptoms Among Alaska Native Children, www.chestjournal.org.

II. Environmental and/or Public Health Information about the Affected Community

Nationally, American Indians are disproportionately affected by asthma, and studies show prevalence estimates are 25% higher than White persons. Asthma rates among children (ages 0-17) have increased in the United States from 3.6% to 7.5% from 1980- 1995. Among American Indian and Alaska Native (AIAN) children, asthma prevalence, morbidity and mortality are higher compared to white children and they also are more likely to have asthma attacks. From 2001 to 2005, 9.2% of all children ages 2 to 17 years had asthma; 13% of AIAN children and 8.4% white children. In fact, AIAN children are 1.82 times more likely to have asthma than white children. Smaller ethnic and minority groups are often excluded from asthma studies making it difficult to know true numbers affected by asthma. According to the California Health Interview Survey (CHIS) and the California Behavioral Risk Factor Surveillance System (BRFSS) survey, AIAN has the highest prevalence of asthma of the major race/ethnic groups in California. In addition, California has more AIAN than any other state. According to the Bureau of Indian Affairs, there are 107 federally recognized tribes, Rancherias and federations in CA (Garrow, R., Chichlowska, K. 2010).

The median income for AIAN in CA is $38,764 compared to $53,734 for non-Hispanic whites. Nearly a third of the AIAN adult population 25 years of age and older (32%) did not have a high school diploma compared to 11% of non-Hispanic whites. These disparities may contribute to poor housing conditions leading to asthma and asthma morbidity. Asthma in children living below the federal poverty level was 10.3% compared with 6.4-7.9% for those at or above the poverty level. The burden of asthma is greater among people who live in areas with lower median incomes, and this research shows that the conditions of an individual's home may serve as a marker for some important underlying factors that trigger asthma beyond those of psychosocial and heredity. It is estimated that in tribal communities, 28% of AIAN households are overcrowded, and this can aggravate asthma conditions. In addition to overcrowded environments, frequent exposure to environmental tobacco and wood-burning stoves emissions are cause for concern with asthmatic episodes (Garrow, R., Chichlowska, K. 2010).

Both CHIS and BRFSS are limited in that they are both telephone surveys, and not representative of the rural AIAN population in California. Also, they do not oversample the AIAN population. A study conducted by the CRIHB's California Tribal Epidemiology Center in collaboration with the California Department of Public Health (CDPH), Environmental Health Investigation Branch, California Breathing, implemented the comprehensive Tribal Asthma Survey Project (TASP). This survey gathered asthma and housing condition-specific data from participants from Indian events such as Pow-Wows, Big Times, health fairs, and community gatherings throughout California over a 7-month period between October 2009 and May 2010. The aim of the study was to determine the prevalence of self-reported asthma in AIANs in California and to examine the association between housing conditions and asthma in California AIANs. Of the 610 surveys collected, 21% of the sample had been diagnosed by a doctor or medical professional with asthma. The mean age of the sample was 27.1. Of note, those with pets with fur or feathers in the home were affected at higher rates. Also, women had higher rates of asthma and those who had seen mold in their homes greater than the size of a dollar bill or smelled a moldy/musty odor also had greater rates of asthma. Children living in the home under the age of 18 were also included in the survey. In the past 12 months, 71% of children diagnosed with asthma had symptoms, taken medication, or visited a doctor for their asthma. They also reported having limited usual

activities due to asthma. The high prevalence of asthma and potential exposure to harmful allergens in the home environment represents one causal pathway by which AIANs experience greater asthma compared to Whites. The recommendation from the study include: increasing education effort on controlling mold in the home, education efforts tailored to the AIAN community in California would likely be welcome. Culturally competent educational efforts on having an asthma-friendly home would assist the AIAN community in reducing and preventing home asthma triggers, and future surveys that include face-to-face information gathering rather than self-administered surveys.[2]

III. Organizational Historical Connection to the Affected Community

The California Rural Indian Heath Board, Inc., (CRIHB) was formed in 1969 to enable the provision of health care to member Tribes in California. It is devoted to the needs and interests of the Indians of rural California and is a network of Tribal Health Programs which are controlled and sanctioned by Indian people and their Tribal Governments. When CRIHB was founded there were no Indian Health Service (IHS) funds allocated to support health care for Indians in California. Today IHS allocates over $130,000,000 in health services and facility-services funds to Tribes, Tribal Organizations, and Urban Indian Health Programs in California.

CRIHB is sanctioned by 33 California tribes to operate under the Indian Self-Determination Act (PL 93-638) as a Tribal Organization for the purpose of contracting with the Indian Health Service for the provision of Area Office Functions. CRIHB, sanctioned by Tribal governments and Indian controlled, is committed to the development of policies and services that will elevate the health and social conditions of American Indian peoples of California to the highest possible level. This is conducted through program development, legislation and advocacy, financial resources development, training and technical assistance, shared services and benefits, and consensus building. In addition, CRIHB serves as the lead agency in addressing local, state, and national health care issues as they pertain to American Indians, and is a model for community control in primary health care throughout the state.

[2] Garrow, R, Chichlowska, K. Tribal Asthma Survey Project (TASP) Final Report, California Breathing Asthma Program Environmental Health Investigation Branch, California Department of Public Health (CSPH) Richmond, CA and California Tribal Epidemiology Center (CTEC), Sacramento CA. www.crihb.org/ctec.

IV. Project Description

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OVERALL GOAL: Ensure the health and well-being of children and staff in the Head Start (HS) and child care center programs through comprehensive policies, procedures, and education related to the Clean Air Act, the Toxic Substances Control Act, and Federal Insecticide, Fungicide, and Rodenticide Act in 10-15 classrooms over 2 years to reduce asthma triggers present in Head Start/child care sites, with the ultimate goal of reducing asthma-related absenteeism and hospitalizations among American Indian youth and families.

OBJECTIVE 1 (YEARS 1 & 2) Improve indoor air quality (IAQ) and provide an asthma-friendly environment for children and staff in 8 classrooms in Head Start (HS) and child care centers (CCC) in year 1 and 5-7 classrooms in HS and CCC in year 2.					
Activities, Tasks & Subtasks	**Performed by (resources/inputs)**	**Outputs (process markers: meetings convened or attended; partners engaged, background research, etc.)**	**Evaluation Measure (data source)**	**Outcomes (e.g.: # people reached, # assessments done, # surveys, evaluation indicators to be analyzed, etc.)**	**Evaluation Measure (data source)**
Create an assessment tool					
Research existing assessment tools created and used by EPA and Ca Breathing	CRIHB Coordinator and CRIHB Public Health Nurse (PHN)	Meet with CA Breathing staff	Logs of meeting minutes and a list of attendees	Assessment tool developed	Assessment tool
Develop/adapt an initial assessment checklist and revise after first few classroom assessments.	CRIHB Coordinator	Meet with CA Breathing staff and project manager	Logs of meeting minutes and a list of attendees	Assessment tool developed	Assessment tool
Develop a classroom checklist for IAQ assessment. By December 2014	CRIHB Coordinator			Assessment tool developed	Assessment tool
Complete assessments in each classroom					
Identify at least one staff member from each HS/CCC site	Head Start Staff CRIHB Coordinator	Host conference calls with each	Logs of meeting minutes and a	Contacts Identified from each of the 6 sites	List of site contacts

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to conduct IAQ classroom assessments by December 2014.		site	list of attendees		
CRIHB will train at least 6 HS and CCC site staff members to conduct IAQ classroom assessments by January 2015.	CRIHB Coordinator (Input by CA Breathing)	CRIHB Coordinator travel to each site and conduct on-site training	list of attendees	Staff members are equipped with skills and knowledge to conduct IAQ classroom assessments	Qualitative questionnaire.
IAQ assessments will be conducted at HS and/or child care centers using the developed classroom checklist by March 2015.	Head Start Staff	Develop a classroom assessment schedule.	Assessment schedule	8 classrooms will be assessed using the IAQ tool (classrooms contain 154 students and 26 staff members	Keep a log of completed 8 IAQ classroom checklist assessments. Information gathered from the assessments will be documented.
Complete Classroom Modifications					
Develop a sub grant packet that will include all information on reimbursement process such as list of allowable costs and reporting requirements for sub grantees	CRIHB Coordinator and PHN	Meet with CRIHB's Finance Department to draft this document		Each sub grantee site and CRIHB will have documented understanding of sub grant requirements	Sub grant contract signed by sub granting party and CRIHB
Identify environmental modifications from IAQ assessment checklist and plan a priority schedule to implement recommended improvements.	Head Start staff, CRIHB Coordinator, and California Breathing	Host coalition meeting to decide on 4 recommended modification for each site	Logs of meeting minutes and a list of attendees	Recommendations will be documented and provided to each site.	A priority schedule for recommended modifications for each site.
Coordinate with the site staff to implement 3 of the 4 recommended improvements by September 2015.	Head Start staff, CRIHB Coordinator, and California Breathing	Calls and or meetings, research best practice changes for recommend-	Logs of meeting minutes and a list of attendees	3 recommended modifications complete at each of 5 sites	Keep a log of completed recommended modifications

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		ations (ie, research of the cleaning products/ systems)			
Identify 5 new HS sites to complete assessment and modification process in YR 2	CRIHB coordinator and PHN	Use existing network throughout California Tribes to invite 5 new tribal HS sites		5 additional HS sites will complete classroom assessments and recommended modifications to decrease asthma triggers	5 signed MOAs with new Tribal HS sites

OBJECTIVE 2 (YEARS 1 & 2) Educate HS and Child Care Center parents and Policy Councils (HS staff, parents, Public Health Nurse, Nutritionist, and Medical Doctor) to adopt and implement policies to improve IAQ and create asthma-friendly child care environments.					
Activities, Tasks & Subtasks	**Performed by (resources/inputs)**	**Outputs (process markers: meetings convened or attended; partners engaged, background research, etc.)**	**Evaluation Measure (data source)**	**Outcomes (e.g.: # people reached, # assessments done, # surveys, evaluation indicators to be analyzed, etc.)**	**Evaluation Measure (data source)**
Policy Adoption and Implementation					
Review existing HS and CCC policies pertinent to IAQ by July 2015.	CRIHB Coordinator HS staff CB staff	Obtain all HS and CCC policies and procedures (P/P) related to IQA.			
Create educational presentation.	CRIHB Coordinator	Meet with CB staff and other partners for input	Logs of meeting minutes and a list of attendees	Educational curriculum/ lesson plans for parents developed and reviewed.	Educational curriculum/ lesson plans
Present educational information about IAQ to parents by Oct 2015.	CRIHB Coordinator	Travel to each site to host presentations		Parent education will be done at the centers for 8 classrooms. Classrooms contain 154	list of attendees

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				students with 2 parents each @ 308 possible.	
Present recommend changes and modifications to the HS Policy Council by early YR 2, Oct 2015.	CRIHB Coordinator and PHN			All identified recommendations for policy change will be presented to the Policy Council.	Meeting minutes
Develop and Maintain Breath Safely Coalition					
Recruit coalition members through parent groups, local asthma coalitions, and clinic staff	CRIHB coordinator and PHN	Use existing network to invite community members to meetings		Host 1-2 coalition meetings a year	Meeting minutes and list of attendees
Host 1-2 coalition meetings at each HS/CCC site annually	CRIHB Coordinator, HS staff	Coordinator to facilitate meetings with site staff via monthly calls	Call minutes	5-10 coalition meetings conducted throughout 2 year period	Meeting minutes and list of attendees
Conduct monthly calls with each site contact	CRIHB Coordinator, HS staff				Meeting minutes and list of attendees

OBJECTIVE 3 (YEARS 1 & 2) Create and disseminate Asthma Education and Awareness throughout California Tribal communities with AIAN-specific Media Champaign					
Activities, Tasks & Subtasks	**Performed by (resources/inputs)**	**Outputs (process markers: meetings convened or attended; partners engaged, background research, etc.)**	**Evaluation Measure (data source)**	**Outcomes (e.g.: # people reached, # assessments done, # surveys, evaluation indicators to be analyzed, etc.)**	**Evaluation Measure (data source)**
Create and/or adapt existing evidence based asthma resources and educational materials to be	CRIHB coordinator, CRIHB PHN, CB staff	Review existing materials provided by CB		Each site	Log of educational materials disseminated to each site

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culturally relevant to the AIAN population					
Disseminate AIAN-specific asthma educational materials to all CRIHB member clinics and all CA Tribal Head Start sites	CRIHB Coordinator and CRIHB PHN	Create education packets and mail to each clinic and HS site		10 clinics and 13 Tribal HS sites provided with Asthma awareness and education materials	Log of materials disseminated
Ensure AI-specific asthma education materials are available on crihb.org	CRIHB Coordinator and CRIHB PHN			33 California Tribes under CRIHB membership with access to website	
Submit asthma awareness public service announcements (PSA) to local news papers and radio stations	CRIHB Coordinator and CRIHB PHN			Increased public awareness	Copies of published articles

OBJECTIVE 4 (YEARS 1 & 2) Identify HS/CCC students that have already been diagnosed with asthma, as well as those that may diagnosed during the two year grant period, and track their attendance, hospitalizations, and incidences of asthma attacks and treatments at school and home.					
Activities, Tasks & Subtasks	**Performed by (resources/inputs)**	**Outputs (process markers: meetings convened or attended; partners engaged, background research, etc.)**	**Evaluation Measure (data source)**	**Outcomes (e.g.: # people reached, # assessments done, # surveys, evaluation indicators to be analyzed, etc.)**	**Evaluation Measure (data source)**
Identify students diagnosed with asthma through CRIHB's Health and Disabilities	CRIHB coordinator, PHN, and HD coordinator	Meeting to share information and devise a tracking	Meeting minutes	Identified number of asthma students	List and number of students diagnosed with asthma

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(HD)Coordinator (after Coordinator gets signed release from parents		system (Child Plus tracking system in place)			
Establish baseline of HS asthma diagnosed students absences, hospitalizations and treatments	CRIHB coordinator, PHN, and HD coordinator	Meeting to share information and devise a tracking system (Child Plus tracking system in place)	Meeting minutes	Asthma related absences, hospitalizations, and treatments to be entered into a data entry file	data entry file
Include an asthma treatment plan into these student's HS Family Partnership Agreement (FPA)	HS staff and parents			Documented Asthma treatment plan in place for each child	FPA
Develop a supplemental form to FPA to address asthma in more detail (attacks on weekends, ect)	CRIHB coordinator, PHN, and HD coordinator	Meeting to share information	Meeting minutes	FPA supplemental form developed	FPA supplemental form
Use the Medication Administration Log at each site to track if/when these students are administered inhaler	CRIHB coordinator, PHN, and HD coordinator	HD coordinator will supply CRIHB coordinator with copies of log		Asthma attacks and administered inhalers will be tracked in data entry file to establish patterns	data entry file

V. Organizational Capacity and Programmatic Capability

CRIHB's centralized office is located in Sacramento, CA and has nine departments all devoted to the needs and interests of American Indians of rural California. The departments include: Office of the Executive Director, Operations Division, Administration Department, Finance Department, Health Systems Development Department, Compliance Department, Family and Community Health Department, (FCH), California Tribal EPI Center, and Tribal Child Development Department (Head Start and Child Care and Development Fund). The Breathe Safely grant would be housed in the Family & Community Health Services Department where culturally relevant and evidenced- based health education and training are provided to American Indian communities. FCHS currently provides a broad range of services which include: Public Health Nursing, Community Health, Diabetes Programming, Mental Health and Substance Abuse, Tobacco Use Prevention and Education, Injury Control, Nutrition, Teen Pregnancy Prevention, Health Education, and Suicide Prevention. The FCHS department has developed an overall mission to provide culturally appropriate health promotion and disease prevention to tribal communities through outreach, community education, advocacy, and clinical services. While meeting the health needs of native people and providing them with comprehensive, culturally sensitive services, the Family and Community Health Services Department works towards bridging disciplines, sharing information and resources, and building relationships with outside agencies. Due to cultural factors such as language, customs, family structure, and community dynamics, FCHS has a commitment to preserve the traditional healthy ways of living for Indians of California.

CRIHB has been a grantee for Tribal Head Start services for 21 years. This program is housed in the Tribal Child Development Department along with the Child Care and Development Fund (CCDF). Head Start has an overall goal of helping children to prepare for kindergarten and to reach their full potential in school and later in life. Today, CRIHB is funded to serve 110 Indian children on behalf of Lytton Rancheria in Sonoma County (40 children), Elk Valley Rancheria in Del Norte County (50 children), and Manchester-Point Arena Rancheria in Mendocino County, (20 children). CRIHB's Tribal Head Start program follows the local school district calendars providing no less than 128 school days, typically beginning in September and ending in late May. The program provides part-day services (typically from 8:30am to 12:00pm), Monday thru Thursday. All services are provided in a center-based setting. The Lytton Rancheria Head Start is located in a leased, licensed facility in urban Santa Rosa; the two other centers are located in tribal buildings on trust land. CRIHB is responsible for purchasing, hiring staff, and general maintenance of the Head Start sites.

The CCDF program's main goal is to assist low-income families with child care costs for children birth to 13 year of age. Breathe Safely funding would work with both Head Start and the Child Care programs. Although the two child care centers (Tule & Fort Bidwell) fall under the administrative support provided by CRIHB, the finance department does not manage their accounts as they do with the Head Start sites. This is the reason for the separate MOA for the two programs not covered under Head Start. The Child Care program serve ages birth to 12 years of age and are open 255 days a year with hours of 8:00 AM to 5:00 PM.

The FCH department has a close working relationship the Tribal Child Development Department at CRIHB. The FCH department provides in-kind services to this department with nutrition, public health nursing, and injury prevention services. The injury prevention team provides car

seats, bike helmets, and education to Head Start and Child Care Center families in need. Both the nutritionist and the public health nurse serve on the Head Start Health Service Advisory Committee which is made up of health professionals, and Head Start staff, and parents .

During the last five years the Department of Family and Community Health has successfully been awarded numerous State and Federal grant funded projects and private foundation funds. CRIHB and FCHS have significant infrastructure and professional experience in place to support the immediate start up of the *Breathe Safely* Program with a comprehensive approach. Community buy-in is key to the success of any program; CRIHB and FCHS are considered community assets with long standing relationships between staff at many levels within the AI community. In addition to having an established relationship with the tribal member programs and tribal communities, local County and State departments are also strong partners. Our calendar year consists of nearly a dozen annual events hosted by the different programs. Additionally, staff members conduct regular site visits to implement program activities ranging from presentations to assisting with community events. Based on this continual access to the target population, providing Breathe Safely interventions and evaluation activities would be seamless for FCHS as a department.

VI. Qualifications of the Project Manager (PM)

Barbara Hart will be the project manager for the Breathe Safely Project. She is a public health nurse who has worked at CRIHB for the past 17 years providing public health education, technical assistance, and support services to the California American Indian population. She is a member of the Pawnee Tribe of Oklahoma but has lived her life in California. She is currently finishing her Masters degree in nursing at CSUS. Barbara started the Injury Prevention program in 2000 and has successfully managed this program among others during her tenure. In addition to managing grant-funded programs, Barbara works closely with CRIHB clinic staff supporting other public health nurses and their outreach programs. CRIHB currently provides services to 5 member programs: Sonoma County Indian Health Program, Tule River Indian Health Center, United Indian Health Services, Warner Mountain Indian Health Program, and Mathiesen Memorial Health Clinic. Another service provided by Barbara is working closely with the HS department at CRIHB to provide education for both teachers and families and HS students. The injury prevention program provides car seats, helmets, and smoke detectors to families and this is done through face-to-face hands-on education to families with each CRIHB HS site on a yearly basis. These activities include bike rodeos, car seat installation events, and safety education that usually involves community partners to help with these activities. The injury prevention team has built strong relationships with community partners where resources are shared. Some of the outside partners for the Breathe Safely program have been established for over 5 years. Barbara is a member of the Head Start Health Services Advisory Committee at CRIHB providing technical asssistance and opinion in Head Start health related matters in collaboration with other health professionals including an MD, and Dietician.

VII. Past Performance

CRIHBs Injury Prevention program which began in 2000 and continues currently with the same program manager, will coordinate this project. This program has received continued funding from the Indian Health Service in the award amounts of $250,000 during 2000-2005; $320,000 during 2005-2010; $400,000 during 2010-2014. The goals and objectives of this grant were

successful in meeting their desired outcomes. The title of this grant is *Pathways to Injury Prevention*, award number D26IHS300381/01-05. In addition to funding from Indian Health Service, the Injury Prevention Program also received funding from the Office of Traffic Safety for 2 consecutive terms during 2003-2007 for amount exceeding $500,000. Other grants were received through the California Kids Plates for two consecutive years (2002-2004) in the amount of $110,000. Since 2010, the injury prevention program has received funds from the Centers for Disease Control and Prevention ($312,000) for a four-year project working directly with one tribe and their tribal police to increase seat belt and car seat use rates through policy change. This grant is titled, *Buckle Up Yurok Tribe,* award number 5U17CE001969-01-04. All goals and objectives of these projects are being successfully managed and achieved with all required reports and timelines met and often exceeded. In addition, the injury program has received numerous mini-grants and equipment grants to support their efforts in providing car seats, training, and expertise services to their member programs. The program has gained national recognition for its accomplishments in serving the American Indian population and helping the Yurok Tribe adopt a new policy where they may be ticketed for not wearing seat belts or using a car seat on the reservation. CRIHB has not received funds through the Environmental Protection Agency in the past, but looks forward to working with them.

VIII. Expenditure of Awarded Grant Funds

The accounting policies of the organization conform to generally accepted accounting principles as applicable to nonprofit organizations funded by the Indian Self Determination and Education Assistance Act commonly known as Public Law 93-638. CRIHB's finance uses Fund Accounting software that tracks assets, liabilities, income & expense for each award separately. CRIHB has an annual audit, which is submitted to the Federal Government and is available at the Audit Clearinghouse website. CRIHB has a 45 year history of successful and audit-clean fiscal management capability. The CRIHB budget for the current year is approximately $13 million. When funds passed through to our member health programs are accounted for, that figure rises to about $32 million per year. At any one time in the year, CRIHB's fiscal and administrative departments co-monitor approximately 25-28 contracts and grants.

IX. Quality Assurance Project Plan (QAPP) Information

According to the provided appendix F of Environmental Justice Collaborative Problem-Solving Cooperative Agreement Program application, this project will be required to submit a Quality Assurance Project Plan and will be in place prior to the initiation of activities.